



Agenda USA RECEIVED
FEC MAIL CENTER
Political Action Committee 2015 JAN 21 AM 11:52

January 18, 2015

Mr. Kevin Fortkiewicz
Federal Election Commission
999 E street, NW
Washington, DC 20463

RE: Submission of FORM 3x For Period Ending Jan.31.2015

Committee ID Number: C00580936

Dear Mr. Fortkiewicz:

First of all, Thank You for speaking with our committee in November concerning questions we had regarding our very first filing. As you mentioned, some committees (**like ours**) with little or no activity would only need to complete the first few pages of the Form 3x.

However, *out of respect for the process*, I went ahead and did the entire form with the vast majority of responses being not-applicable. We decided **to err on the side of caution by submitting ALL pages.**

We have done NO fundraising except for the one contribution required to open our committees bank account. The contribution was \$ 100 which minus the banks 'processing fee' left a balance of \$ 83.45.

Post Office Box 3193 LaVale, MD 21504

<http://www.agendausa.org>  email: director@agendausa.org

Paid for by Agenda USA and not authorized by any candidate or candidate's committee

Additionally we have conducted NO further fundraising at present due the fact that I am presently caring for an elderly relative with a long term illness that requires my full attention. I am sure you can understand my current situation.

So, in sum we have one contribution, NO Loans, Lines of Credit, Disbursements, Debts, Obligations, Allocation Rations, Levin Funds or other functions to report.

We do hope to be able to resume fundraising once we get closer to the actual election.

Thank you for your kind consideration and as I mentioned to you when we spoke, any mistakes we might have made on the form were purely unintentional due to inexperience with the process.

Respectfully,



Diane Kline

AgendaUSA

PO Box 3193

Lavale, MD 21504

Committee email – director@agendausa.org

2010-01-21 09:00:00

SUMMARY PAGE
RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name

Agendausa

Report Covering the Period:

From:

07

06 2015

To:

12 31 2015

COLUMN A
This Period

COLUMN B
Calendar Year-to-Date

6. (a) Cash on Hand
January 1, 83.45

83.45

(b) Cash on Hand at
Beginning of Reporting Period.....

, , 83.45

(c) Total Receipts (from Line 19).....

, , 83.45

(d) Subtotal (add Lines 6(b) and
6(c) for Column A and Lines
6(a) and 6(c) for Column B).....

, ,

7. Total Disbursements (from Line 31).....

, , 0

8. Cash on Hand at Close of
Reporting Period
(subtract Line 7 from Line 6(d)).....

, , 83.45

83.45

9. Debts and Obligations Owed TO
the Committee (Itemize all on
Schedule C and/or Schedule D).....

, , 0

10. Debts and Obligations Owed BY
the Committee (Itemize all on
Schedule C and/or Schedule D).....

, , 0

This committee has qualified as a multicand

idate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Agendausa

Report Covering the Period: From:

M M / D D / Y Y Y Y
0 7 / 0 6 / 2 0 1 5

To:

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 5

I. Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

Ø

(ii) Unitemized

(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶

(b) Political Party Committees

(c) Other Political Committees (such as PACs).....

(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶

12. Transfers From Affiliated/Other Party Committees.....

13. All Loans Received

14. Loan Repayments Received.....

15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....

16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....

17. Other Federal Receipts (Dividends, Interest, etc.).....

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account (from Schedule H3).....

(b) Levin Funds (from Schedule H5).....

(c) Total Transfers (add 18(a) and 18(b))..

Ø

19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶

Ø

20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶

Ø

20160121 01:00:00

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

- 33. Total Contributions (other than loans)
(from Line 11(d), page 3)
- 34. Total Contribution Refunds
(from Line 28(d))
- 35. Net Contributions (other than loans)
(subtract Line 34 from Line 33)
- 36. Total Federal Operating Expenditures
(add Line 21(a)(i) and Line 21(b)) ▶
- 37. Offsets to Operating Expenditures
(from Line 15, page 3).....
- 38. Net Operating Expenditures
(subtract Line 37 from Line 36) ▶

0

2016-01-21 09:04:00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: (check only one)		PAGE	OF
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Agendausa

Full Name (Last, First, Middle Initial)

A. *Dawson, William*

Mailing Address

22 Lane Avenue

City State Zip Code

Cumberland Md 21502

FEC ID number of contributing federal political committee.

C

Name of Employer

USMC Retired

Occupation

Major Retired

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

10000

Date of Receipt

09 30 2015

Amount of Each Receipt this Period

100.00

B. Full Name (Last, First, Middle Initial)

n/a

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

n/a

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)

n/a

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

n/a

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE		OF	
	<input type="checkbox"/> 21b <input type="checkbox"/> 27	<input type="checkbox"/> 22 <input type="checkbox"/> 28a	<input type="checkbox"/> 23 <input type="checkbox"/> 28b	<input type="checkbox"/> 24 <input type="checkbox"/> 28c	<input type="checkbox"/> 25 <input type="checkbox"/> 29	<input type="checkbox"/> 26 <input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Agendausa

A.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement
M M / D D / Y Y Y Y

Amount of Each Disbursement this Period

Category/Type

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement
M M / D D / Y Y Y Y

Amount of Each Disbursement this Period

Category/Type

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement
M M / D D / Y Y Y Y

Amount of Each Disbursement this Period

Category/Type

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

NON-PROFIT ORGANIZATION

SCHEDULE C (FEC Form 3X)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE OF
	FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)
Agenda usa

LOAN SOURCE Full Name (Last, First, Middle Initial) <i>n/a</i>	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address	
City State ZIP Code	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
-------------------------	----------------------------	---------------------------------------------

TERMS

Date Incurred M M / D D / Y Y Y Y	Date Due M M / D D / Y Y Y Y	Interest Rate % (apr)	Secured: <input type="checkbox"/> Yes <input type="checkbox"/> No
--------------------------------------	---------------------------------	--------------------------	----------------------------------------------------------------------

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

NON-PROFIT ORGANIZATION

SUBTOTALS This Period This Page (optional)..... ▶	
TOTALS This Period (last page in this line only)..... ▶	
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C-1 (FEC Form 3X)
LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Supplementary for
 Information found on
 Page ____ of Schedule C

Federal Election Commission, Washington, D.C. 20463

NAME OF COMMITTEE (In Full) <i>Agendausa</i>	FEC IDENTIFICATION NUMBER <i>C00580936</i>
-------------------------------------------------	-----------------------------------------------

LENDING INSTITUTION (LENDER) Full Name <i>n/a</i>	Amount of Loan _____, _____, _____	Interest Rate (APR) _____%
---------------------------------------------------------	---------------------------------------	-------------------------------

Mailing Address	Date Incurred or Established ____/____/____
City State Zip Code	Date Due ____/____/____

A. Has loan been restructured? No Yes If yes, date originally incurred ____/____/____

B. If line of credit, Amount of this Draw: _____, _____, _____ Total Outstanding Balance: _____, _____, _____

C. Are other parties secondarily liable for the debt incurred?
 No Yes (Endorsers and guarantors must be reported on Schedule C.)

D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral?
 No Yes If yes, specify: _____

What is the value of this collateral?
 _____, _____, _____

Does the lender have a perfected security interest in it? No Yes

E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? No Yes If yes, specify: _____

What is the estimated value?
 _____, _____, _____

A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Location of account: _____

Date account established: ____/____/____ Address: _____

City, State, Zip: _____

F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.

G. COMMITTEE TREASURER Typed Name Signature	DATE ____/____/____
---------------------------------------------------	------------------------

H. Attach a signed copy of the loan agreement.

I. TO BE SIGNED BY THE LENDING INSTITUTION:

- I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above.
- II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.
- III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.

AUTHORIZED REPRESENTATIVE Typed Name Signature	DATE ____/____/____
<i>n/a</i>	
Title	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE	OF
	FOR LINE NUMBER: (check only one)	
	<input type="checkbox"/>	9
	<input type="checkbox"/>	10

NAME OF COMMITTEE (In Full)
Agendausa

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <i>n/a</i>	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <i>n/a</i>	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <i>n/a</i>	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional).....	
2) TOTALS This Period (last page this line number only).....	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)▶	

2010-01-21 09:00:00

SCHEDULE H1 (FEC Form 3X)

METHOD OF ALLOCATION FOR:

- **ALLOCATED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS**
- **ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES (State, District and Local Party Committees Only)**
- **ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE) (Separate Segregated Funds And Nonconnected Committees Only)**

NAME OF COMMITTEE (In Full)

Agendausa

USE ONLY ONE SECTION, A or B

A. State and Local Party Committees

Fixed Percentage (select one)

- _____ Presidential-Only Election Year (28% Federal)
- _____ Presidential and Senate Election Year (36% Federal)
- _____ Senate-Only Election Year (21% Federal)
- _____ Non-Presidential and Non-Senate Election Year (15% Federal)

n/a

B. Separate Segregated Funds and Nonconnected Committees

Flat Minimum Federal Percentage

If the committee will allocate using the flat minimum percentage of 50% federal funds, check

If the committee is spending more than 50% federal funds, indicate ratio below

Federal..... %

Nonfederal %

n/a

This ratio applies to (check all that apply):

- Administrative Generic Voter Drive Public Communications Referencing Party Only

SCHEDULE H2 (FEC Form 3X)

ALLOCATION RATIOS

NAME OF COMMITTEE (In Full)

Agenda USA

RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT ACTIVITIES APPEARING ON THIS REPORT.

Methods of allocation:

- I. FUNDRAISING activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised.
- II. Shared **DIRECT CANDIDATE SUPPORT** activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity. **For PACs Only:** Direct candidate support includes public communications or voter drives that refer to both federal and nonfederal candidates, regardless of whether there is a reference to a political party. Such expenses are allocated using a time/space method.

NON-FEDERAL CONTRIBUTION

ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
<p><i>n/a</i></p> <p>ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	. %	. %
<p><i>n/a</i></p> <p>ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	. %	. %
<p><i>n/a</i></p> <p>ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	. %	. %
<p><i>n/a</i></p> <p>ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	. %	. %
<p><i>n/a</i></p> <p>ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	. %	. %
<p><i>n/a</i></p> <p>ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	. %	. %

**SCHEDULE H3 (FEC Form 3X)
 TRANSFERS FROM NONFEDERAL ACCOUNTS FOR
 ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)

Agendausa

NAME OF ACCOUNT

DATE OF RECEIPT

TOTAL AMOUNT TRANSFERRED

M M / D D / Y Y Y Y

[Empty amount field]

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative *n/a* [Empty amount field]

ii) Generic Voter Drive [Empty amount field]

iii) Exempt Activities [Empty amount field]

iv) Direct Fundraising (List Activity or Event Identifier)

a) _____ [Empty amount field]

b) _____ [Empty amount field]

c) Total Amount Transferred For Direct Fundraising [Empty amount field]

v) Direct Candidate Support (List Activity or Event Identifier)

a) _____ [Empty amount field]

b) _____ [Empty amount field]

c) Total Amount Transferred For Direct Candidate Support [Empty amount field]

vi) Public Communications Referring Only to Party (Made by PAC) [Empty amount field]

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative) *n/a* [Empty amount field]

TOTAL This Period (Generic Voter Drive) [Empty amount field]

TOTAL This Period (Exempt Activities) [Empty amount field]

TOTAL This Period (Direct Fundraising) [Empty amount field]

TOTAL This Period (Direct Candidate Support) [Empty amount field]

TOTAL This Period (Public Communications Referring Only to Party) [Empty amount field]

TOTAL This Period (Total Amount Transferred) [Empty amount field]

2010-01-10 10:00:00

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

Agenda usa

A. Full Name (Last, First, Middle Initial) <i>n/a</i>			Allocated Activity or Event: <input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address			Allocated Activity or Event Year-To-Date	
City	State	Zip Code	Date M M / D D / Y Y Y Y	
Purpose of Disbursement:		Category/ Type	Date	
Activity or Event Identifier:			Date	
FEDERAL SHARE		+	NONFEDERAL SHARE	
		=	TOTAL AMOUNT	

B. Full Name (Last, First, Middle Initial) <i>n/a</i>			Allocated Activity or Event: <input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address			Allocated Activity or Event Year-To-Date	
City	State	Zip Code	Date M M / D D / Y Y Y Y	
Purpose of Disbursement:		Category/ Type	Date	
Activity or Event Identifier:			Date	
FEDERAL SHARE		+	NONFEDERAL SHARE	
		=	TOTAL AMOUNT	

Full Name (Last, First, Middle Initial) <i>n/a</i>			Allocated Activity or Event: <input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address			Allocated Activity or Event Year-To-Date	
City	State	Zip Code	Date M M / D D / Y Y Y Y	
Purpose of Disbursement:		Category/ Type	Date	
Activity or Event Identifier:			Date	
FEDERAL SHARE		+	NONFEDERAL SHARE	
		=	TOTAL AMOUNT	

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT

**SCHEDULE H6 (FEC Form 3X)
DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS
FOR ALLOCATED FEDERAL ELECTION ACTIVITY**
(To be used by State, District and Local Party Committees Only)

NAME OF COMMITTEE (In Full)
Agendausa

A. Full Name (Last, First, Middle Initial) / Full Organization Name <i>n/a</i>		Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input type="checkbox"/> Generic Campaign	
Mailing Address		Allocated Activity or Event Year-To-Date	
City	State	Zip Code	Date <input type="text"/> / <input type="text"/> / <input type="text"/>
Purpose of Disbursement		Category/Type	
FEDERAL SHARE	+	LEVIN SHARE	= TOTAL AMOUNT

B. Full Name (Last, First, Middle Initial) / Full Organization Name <i>n/a</i>		Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input type="checkbox"/> Generic Campaign	
Mailing Address		Allocated Activity or Event Year-To-Date	
City	State	Zip Code	Date <input type="text"/> / <input type="text"/> / <input type="text"/>
Purpose of Disbursement		Category/Type	
FEDERAL SHARE	+	LEVIN SHARE	= TOTAL AMOUNT

C. Full Name (Last, First, Middle Initial) / Full Organization Name <i>n/a</i>		Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input type="checkbox"/> Generic Campaign	
Mailing Address		Allocated Activity or Event Year-To-Date	
City	State	Zip Code	Date <input type="text"/> / <input type="text"/> / <input type="text"/>
Purpose of Disbursement		Category/Type	
FEDERAL SHARE	+	LEVIN SHARE	= TOTAL AMOUNT

SUBTOTAL of Shared Federal and Levin Activity This Page			
FEDERAL SHARE	+	LEVIN SHARE	= TOTAL AMOUNT
TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii))			
FEDERAL SHARE		LEVIN SHARE	TOTAL AMOUNT
TOTAL This Period for the Levin Share			

2016-01-11 10:00:00 AM

**SCHEDULE L-A (FEC Form 3X)
ITEMIZED RECEIPTS OF LEVIN FUNDS**

Use separate schedule(s) for each category of the Aggregation Page	PAGE	OF
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 1a <input type="checkbox"/> 2	

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NAME OF COMMITTEE (In Full)
Agenda USA

A.	Full Name (Last, First, Middle Initial) / Full Organization Name <i>n/a</i>	Date of Receipt M M / D D / Y Y Y Y
	Mailing Address	Amount of Each Receipt this Period
	City State Zip Code	Aggregate Year-to-Date
	Name of Employer or Principal Place of Business	
	Occupation	
B.	Full Name (Last, First, Middle Initial) / Full Organization Name <i>n/a</i>	Date of Receipt M M / D D / Y Y Y Y
	Mailing Address	Amount of Each Receipt this Period
	City State Zip Code	Aggregate Year-to-Date
	Name of Employer or Principal Place of Business	
	Occupation	
C.	Full Name (Last, First, Middle Initial) / Full Organization Name <i>n/a</i>	Date of Receipt M M / D D / Y Y Y Y
	Mailing Address	Amount of Each Receipt this Period
	City State Zip Code	Aggregate Year-to-Date
	Name of Employer or Principal Place of Business	
	Occupation	
D.	Full Name (Last, First, Middle Initial) / Full Organization Name <i>n/a</i>	Date of Receipt M M / D D / Y Y Y Y
	Mailing Address	Amount of Each Receipt this Period
	City State Zip Code	Aggregate Year-to-Date
	Name of Employer or Principal Place of Business	
	Occupation	

SUBTOTAL of Receipts This Page (optional)..... ▶	
TOTAL This Period (last page this line number only)..... ▶	

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked Date of Receipt

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked
1/19/16

USPS Priority Mail Express Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): Shipping Date
Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

PREPARER JRS 1/21/16
 (3/2015) DATE PREPARED

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